DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2 OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY GEO	****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

ATTN: JOSEPH SUMMERS, OP MANAGER

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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R.W.: PEND OREILLE RIVER

External Outfall

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		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822 ATTN: JOSEPH SUMMERS, OP MANAGER ID0020681 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

04/30/2014

DMR Mailing ZIP CODE:

83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

04/01/2014

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OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2 OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

ID0020681	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

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PERMIT NUMBER	DISCHARGE NUMBER
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05/31/2014

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

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		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

05/01/2014

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BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
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Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****	,	*****	****	****	*****			
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Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
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LOCATION: 2376 EAST HIGHWAY 2 OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

Г	ID0020681		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	monne		<u> </u>
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2014	Ī	07/31/2014

DMR Mailing ZIP CODE: 83822

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00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ordanis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

ATTN: JOSEPH SUMMERS, OP MANAGER

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2 OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

Γ	ID0020681		001-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	08/01/2014]	08/31/2014							

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
ρΗ	SAMPLE MEASUREMENT	*****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

supervision in accordance with a system designed to assure that qualified personnel properfy gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822 ATTN: JOSEPH SUMMERS, OP MANAGER

DMR Mailing ZIP CODE: 83822

MINOR (SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED			AREA Code	NUMBER